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CONFIRMATION NO. 8375

<b>SERIAL NUMBER</b> 10/820,543	<b>FILING OR 371(c) DATE</b> 04/08/2004 <b>RULE</b>	<b>CLASS</b> 264	<b>GROUP ART UNIT</b> 1732	<b>ATTORNEY DOCKET NO.</b> 1171/40711A/127A-CIP
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/314,812 12/09/2002 PAT 7,157,035 ✓

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NEW ZEALAND 516153 12/14/2001 ✓

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NEW ZEALAND	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

## ADDRESS

279

## TITLE

Method of forming a respiratory conduit

<b>FILING FEE RECEIVED</b> 1190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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